

# Turning Strategy into Reality Webinar: Clinical Audit as a Strategic Enabler of the NHS Three Shifts

Monday 22 June 2026, 10.30am-12pm

**THIS EVENT STARTS AT 10.30AM**



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[www.hqip.org.uk/caaw26](http://www.hqip.org.uk/caaw26)

# Turning Strategy into Reality Webinar

Welcome to Clinical Audit Awareness Week, 22-26 June 2026: [www.hqip.org.uk/caaw26](http://www.hqip.org.uk/caaw26)

## Today's agenda:

- **Clinical Audit as an Enabler of Value-Based Healthcare**

Professor Sally Lewis, *Professor of Value in Health Management, Value-Based Health and Care Academy, Swansea University; Director of Kintsugi-international*

- **Falls and Fragility Fracture Audit Programme: Data Driven Improvements in Patient Outcomes**

Dr Sunil Nedungayil, *Senior Clinical Lead, Falls and Fragility Fracture Audit programme (FFFAP), Royal College of Physicians (RCP)*

- **Advocacy for Clinical Audit, and Aspirations for an Association for Clinical Audit, Registries and Quality Improvement (ACAR-QI)**

Dr Iain Smith, *Associate Director, Association for Clinical Audit, Registries and Quality Improvement, HQIP*

# Before we start...

## Being seen and heard

- Event recorded
- Mics off for background noise
- Cameras on, if you are happy to

## Asking questions

- Use the Q&A to post your questions
- Contact us via HQIP website if Q&A unavailable for you

## Recommendations

- Laptop/PC, not phone
- Try browser version, not app
- If needed, rejoin using rejoin button on screen or original Teams link

Don't forget to share on social media: #CAAW26

# Clinical Audit as an Enabler of Value-Based Healthcare

**Professor Sally Lewis**

Professor of Value in Health Management, Value-Based Health and Care Academy, Swansea University;

Director of Kintsugi-international

# Data to action: a way ahead for value-based healthcare

Professor Sally Lewis

[sallylewis@kintsugi-international.com](mailto:sallylewis@kintsugi-international.com)




Definition: Value-based healthcare is the equitable, sustainable and transparent use of the **available resources** to achieve better **outcomes** and experiences for every person

**The 4 principles of prudent healthcare**

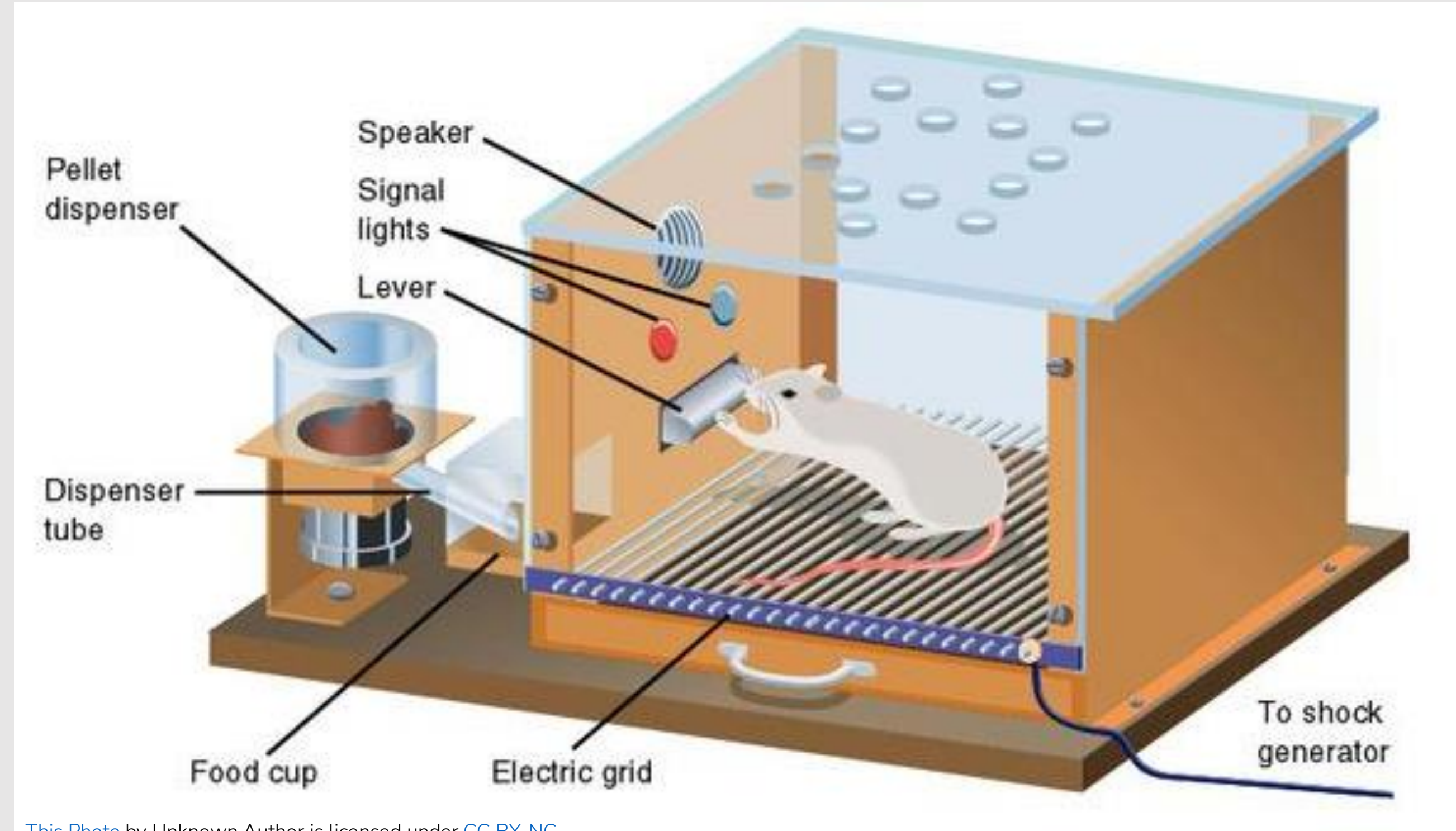
- Public and professionals are **EQUAL PARTNERS** through **CO-PRODUCTION**
- CARE FOR** those with the greatest health need **FIRST**
- Do only **WHAT IS NEEDED** and do **NO HARM**
- Reduce **INAPPROPRIATE VARIATION** through **EVIDENCE-BASED** approaches

For further information visit [www.prudenthealthcare.org.uk](http://www.prudenthealthcare.org.uk)



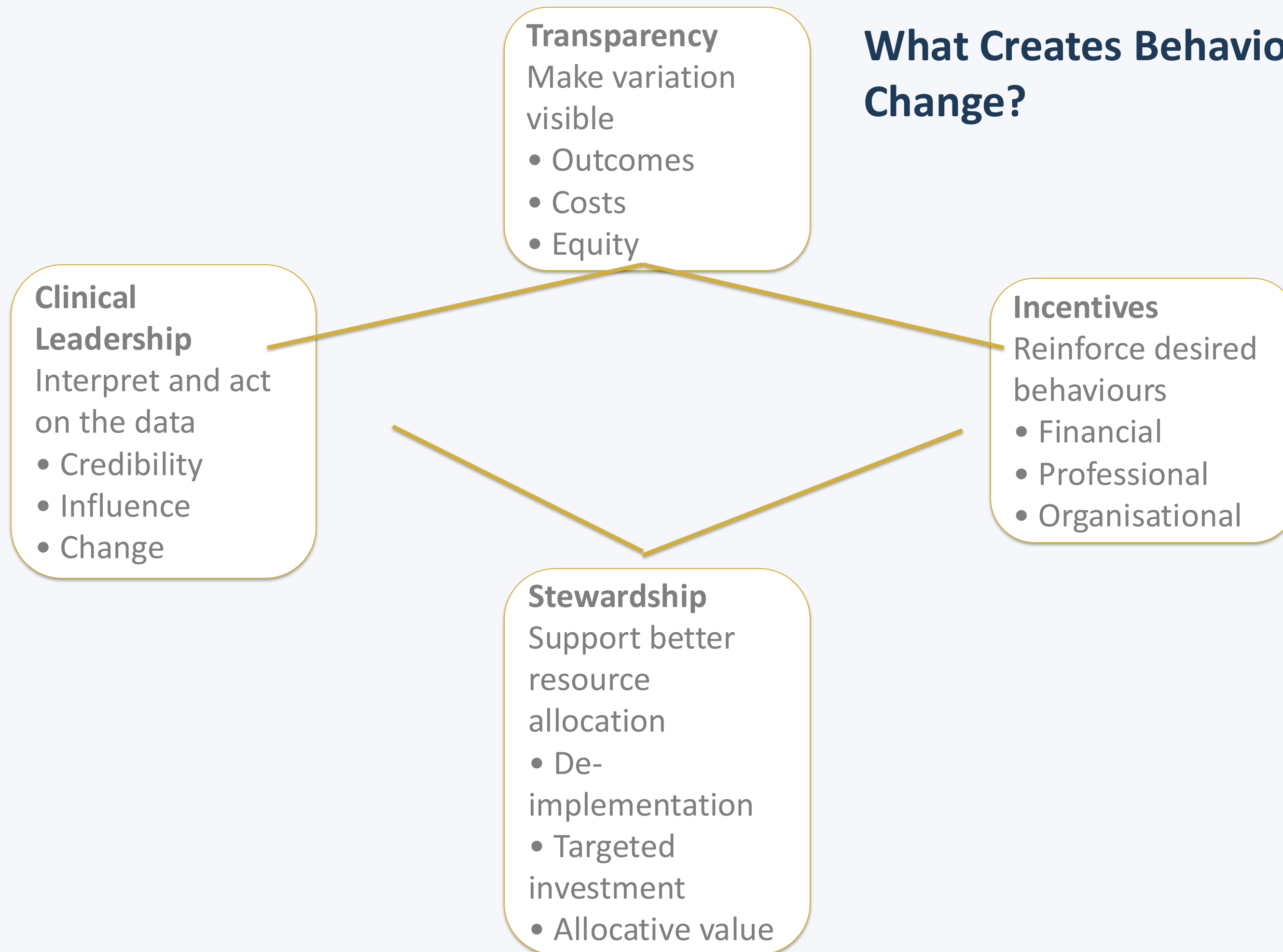
- Hurst L, Mahtani K, Pluddemann A, Lewis S, Harvey K, Briggs A, Boylan A-M, Bajwa R, Haire K, Entwistle A, Handa A and Heneghan C CEBM, University of Oxford

Systems can make doing the right thing  
incredibly difficult



[This Photo](#) by Unknown Author is licensed under [CC BY-NC](#)

# What Creates Behaviour Change?



What do we mean by outcomes and how may we use the data?



# USING PATIENT OUTCOMES IN PERSON-CENTRED CARE

‘An outcome is a milestone, endpoint or consequence *which matters to a person*’

Episodic  
care

Chronic  
disease

- Symptom tracker e.g. KCCQ
- Shared decision making
- Triggers for key conversations
- Real world information to guide decision-making



# TRIANGULATING DATA AND BOUNDARY-SPANNING COLLABORATION ARE CRITICAL INTERVENTIONS

## Making the link between clinical audit and real world problems: failure demand



**Last Year of Life Population Dashboard**

Navigation Video  
Last Year of Life Population ... ^

**Cover**

Terms and Conditions  
Contents  
Cohort Overview 1  
Cohort Overview 2  
Cohort Underlying Cause...  
In the Population  
Contacts Overview  
Total Bed Days

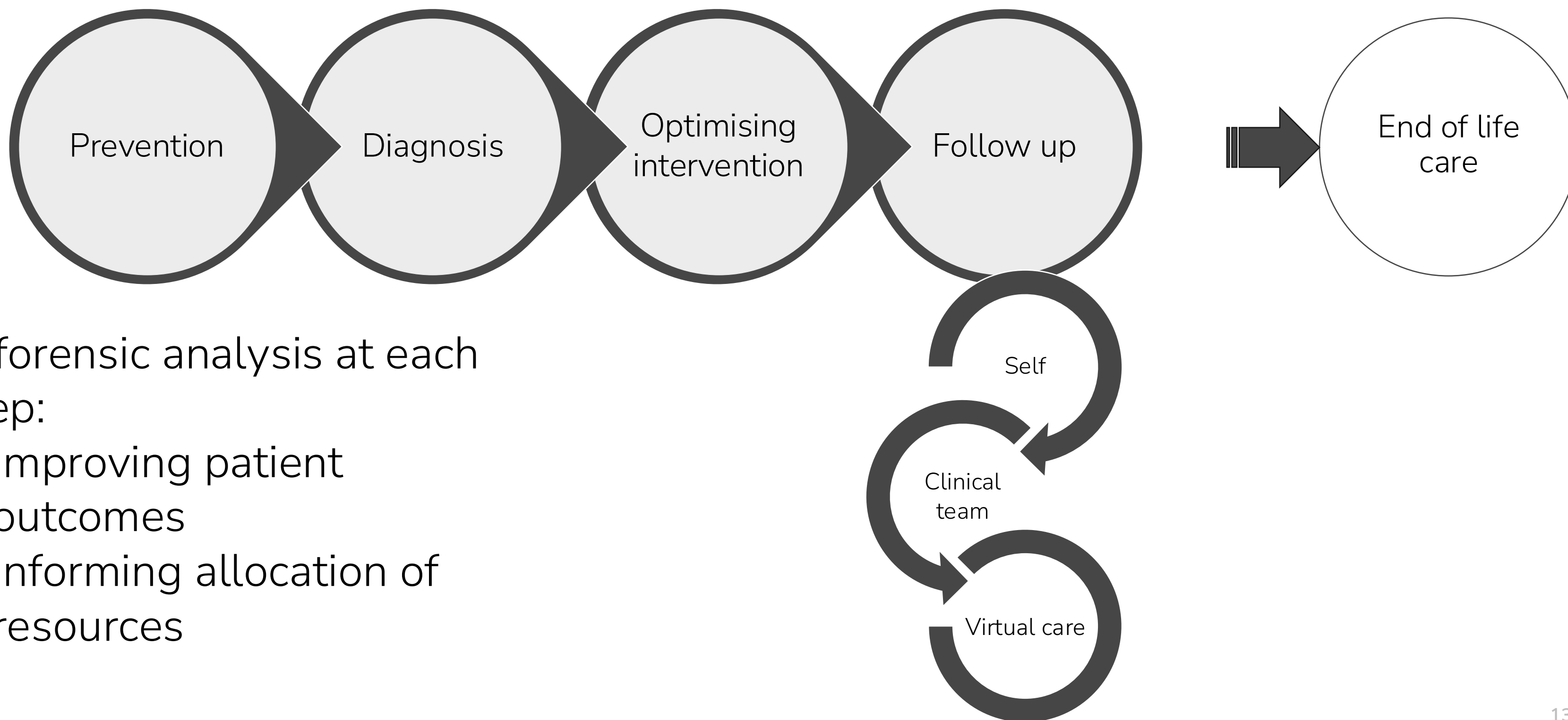
**GIG CYMRU NHS WALES** | lechyd a Gofal Digidol Cymru Digital Health and Care Wales

**Canolfan Gwerth mewn lechyd Cymru**  
**Welsh Value in Health Centre**

This document has been produced by DHCW. For any queries please contact vih@wales.nhs.uk.

**Last Year of Life Population Dashboard**

# FROM EPISODES TO JOURNEYS, SERVICE-BASED TO PATIENT-FOCUSED



A forensic analysis at each step:

- Improving patient outcomes
- Informing allocation of resources

# Deriving value from data

## Standard reporting products

Outcome data dashboards

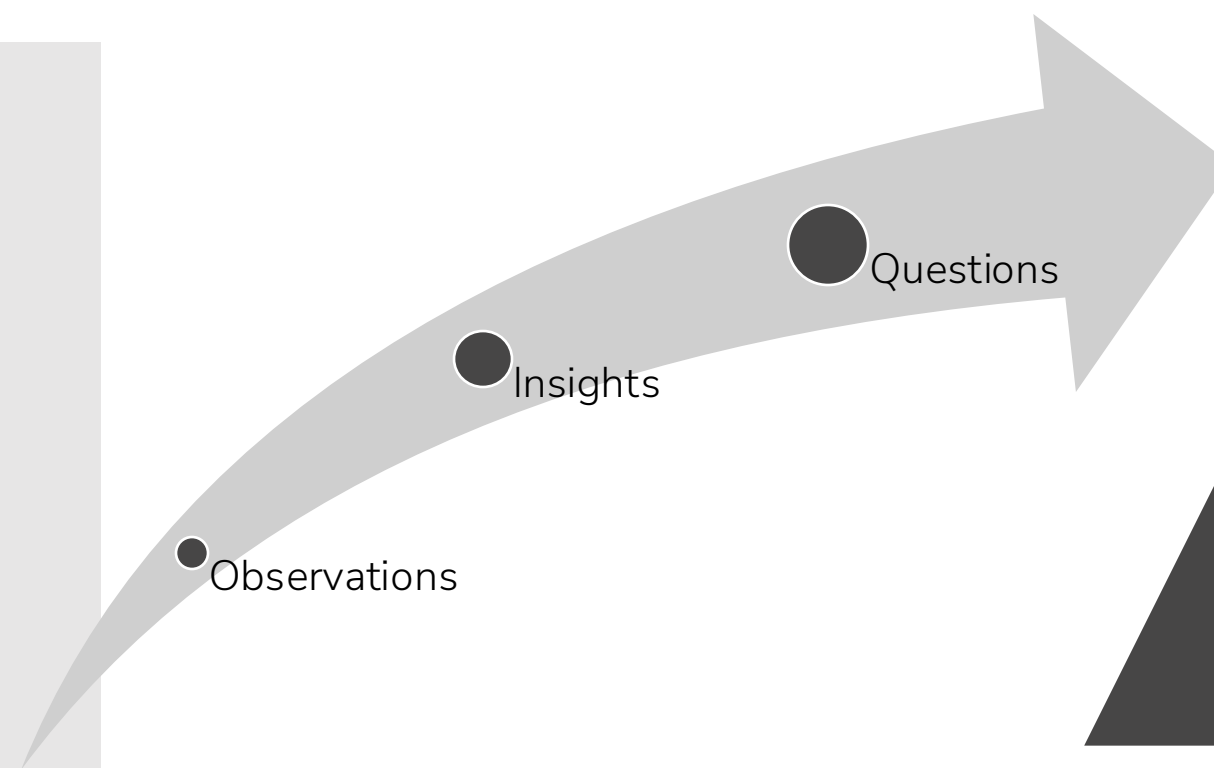
In clinic PROM visualisation

Patient view PROM visualisation

Costing data displays

Variation data

- Process (single cancer pathway)
- Service spend
- Prevalence of disease
- Eg GIRFT



Big data research

Organisational

Programme

Service

Patient:Clinician

“Healthcare systems are products of accumulated choices.”

# Thank you

Professor Sally Lewis

[sallylewis@kintsugi-international.com](mailto:sallylewis@kintsugi-international.com)

# Falls and Fragility Fracture Audit Programme: Data Driven Improvements in Patient Outcomes

**Dr Sunil Nedungayil**

Senior Clinical Lead, Falls and Fragility Fracture Audit  
Programme (FFFAP), Royal College of Physicians (RCP)

# Data Driven Improvements in Patient Outcomes

Dr Sunil Nedungayil

GP & GPSI (Musculoskeletal Sciences)

Senior Clinical Lead, Falls and Fragility Fracture Audit Programme



Falls and Fragility Fracture  
Audit Programme (FFFAP)

22 June 2026

HQIP Clinical Audit Awareness week

Turning Strategy into Reality: Clinical Audit as a  
Strategic Enabler of the NHS Three Shifts Webinar

ON TODAY'S AGENDA

# The questions we'll answer

- 1 Who are we?
- 2 What data do we hold?
- 3 How can data drive improvement?
- 4 How do we support Healthcare Quality Improvement?
- 5 How does it tie in with the three shifts?



### National Hip Fracture Database (NHFD)

The NHFD collects data on all patients admitted to hospital with hip fractures and improves their care through auditing which is fed back to hospitals through targeted reports.



### National Audit of Inpatient Falls (NAIF)

This audit evaluates fall prevention activities prior to the fall and immediate post-fall management for all inpatients who sustain any fracture, spinal or head injury, within acute, community and mental health care.



### Fracture Liaison Service Database (FLS-DB)

The FLS-DB aims to evaluate patterns of assessment and treatment for osteoporosis and falls across primary and secondary care.



England  
Wales  
Jersey  
Northern Ireland  
Isle of man  
Guernsey

Commissioned by Healthcare Quality Improvement Partnership (HQIP) and managed by the Royal College of Physicians (RCP)

<https://www.fffap.org.uk/>

# Our purpose

3 million people in the UK have osteoporosis and around 500,000 have a fragility fracture

FFFAP allows services to audit the care that patients with fragility fractures receive in the and inpatient and outpatient setting.

The audits allows services to facilitate quality improvement initiatives within their service and prevent refractures with early identification and intervention.

## Why are fragility fractures important?

### Admitted FF (Fragility fractures)

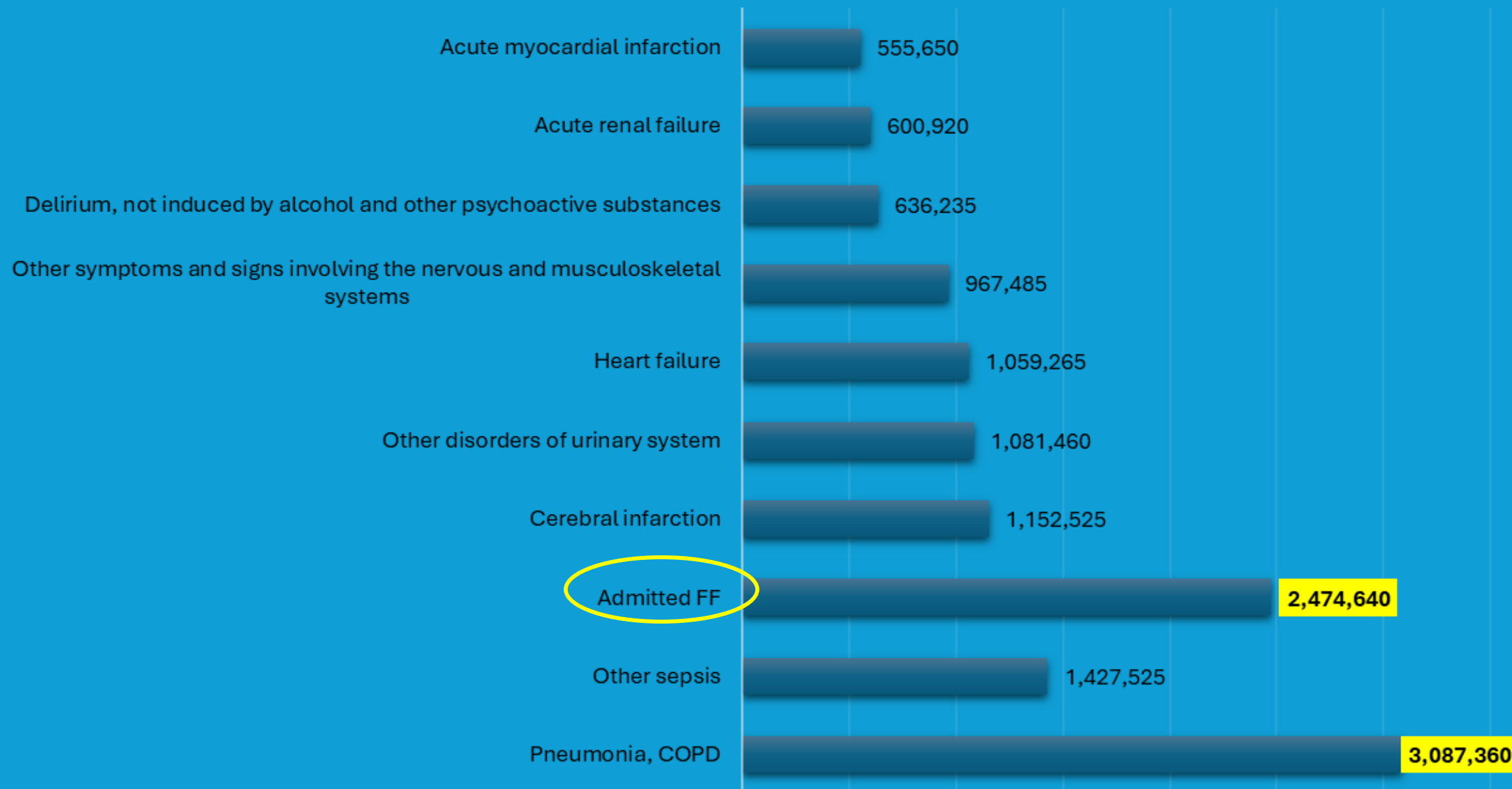
- All Hip fractures
- All non-femur fractures over 50\* - Forearm, Shoulder, Upper arm, lower leg incl ankle, spine ribs, sternum and wrist

### Respiratory admissions

Pneumonia (J18)

Other COPD (J44)

### Finished Consultant Episodes Bed days(22-23) England



### Commonest reason for delayed discharge from hospital

Leal et al (2016). Impact of hip fracture on hospital care costs: a population-based study. Osteoporosis International

**4% of delayed discharges account for 40% of the bed occupancy, reduce availability and bed flexibility.**

# What data do we hold?

- The world's largest database for fragility fractures
- NHFD contains over one million hip fracture records since 2007
- FLS-DB has over half a million fragility fracture records since 2016
- NAIF was launched in 2018 and now collects data on spinal and head injuries

## NHFD

### Demographic data

### Hospital level data

Type of fracture and surgery  
Elements of post-operative care  
Length of Length of stay  
Secondary fracture prevention  
Destination after discharge  
120 day follow up

# What do we do with the data?

- Supporting teams to deliver high quality service through continuous healthcare quality improvement
- **Benchmarking**
- Quality improvement support
- Knowledge exchange
- Patient resources
- Research and publication support
- **Annual reports- State of the nation**
- **QI Training and support**



Royal College  
of Physicians

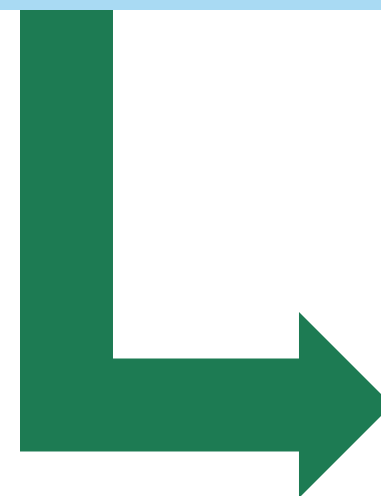
Falls and Fragility Fracture  
Audit Programme (FFFAP)

# Data Driven Improvements in Patient Outcomes



# Benchmarking

- Follow best practice
- Reduce variation of care (Outliers- positive and negative)
- Improve performance
- Improve quality of care



- System (National) improvement
- Local improvement initiatives
- Research and Quality improvement initiatives

Region	Total records submitted	KPI 2 Non-Spine Case identification	KPI 3 Spine fractures	KPI 4 Assessment within 90 days	KPI 5 DXA within 90 days	KPI 6 Falls risk assessment	KPI 7 Bone treatment	KPI 8 Strength & Balance by 16 weeks	KPI 9 16 week follow up	KPI 10 Treatment by 1st followup	KPI 11 1 year drug adherence *	
1. National averages	National	80725	41.8	20.8	62.7	28.9	62.3	56.6	6.8	26.9	29.1	24.1
2. England		75878	45.4	22.7	63	29	74.1	56.6	6.9	27.6	29.4	23.7
3. Wales		3153	16.8	8	77.8	33.5	86.3	62.5	6	21.4	16	25.8
4. Northern Ireland		1694	24	10.2	22.3	23	99.3	46.3	1.4	6.9	48.8	44.8
East of England		9085	37.5	13.1	75.4	36.8	72.8	70.4	19.5	39.7	40.9	37.8
London		8704	36.8	24.2	54.7	25.4	83	50.8	12.2	34	32.3	24.8
Midlands		14315	43.9	12.6	68.5	16	53.6	61.4	2	11.8	15.2	16.1
North East and Yorkshire		11949	71.8	35.9	55	25.4	61.2	44.7	7	17.3	28.8	30
North West		4646	31.1	20.7	28.6	28.6	84.1	30.1	1.1	.8	4.2	8.8
South East		14885	46.9	23.3	62.9	38.7	90.3	60.8	4.3	26.4	34.2	22.5
South West		12294	52.8	38.5	74.4	35.5	86.3	61.7	4.7	46.1	34.5	20.4

Search: enter a hospital name, address or postcode...

### KPI overview: [ALL]

Annualised values based on 69,952 cases averaged over 12 months to the end of July 2024, except KPI6 and KPI 7 which are delayed to allow for follow up data to be included.

#### 0. Admission to specialist ward

9%

NHFD overall: 9%

#### 1. Prompt orthogeriatric review

88%

NHFD overall: 88%

#### 2. Prompt surgery

59%

NHFD overall: 59%

#### 3. NICE compliant surgery

69%

NHFD overall: 69%

#### 4. Prompt mobilisation

81%

NHFD overall: 81%

#### 5. Not delirious post-op

66%

NHFD overall: 66%

#### 6. Return to original residence

74%

NHFD overall: 74%

#### 7. Bone medication

43%

NHFD overall: 43%

Search: enter a hospital name, address or postcode...

### KPI overview: [ALL]

Annualised values based on 1,441 cases averaged over 12 months to the end of June 2024. ND=No Data entered by this Trust for this period

#### 1. MFRA quality score



35%

NAIF overall: 35%

#### 2. Cases where patients were checked for injury before being moved



77%

NAIF overall: 77%

#### 3. Cases where safe manual handling method was used to move a patient from floor



36%

NAIF overall: 36%

#### 4. Cases that received a medical assessment within 30 minutes of a fall



63%

NAIF overall: 63%

# Benchmarking

## Key performance indicators (KPIs)

KPIs Overview

KPIs

KPIs Table

KPI 0 - Admission

KPI 1 - Prompt review

KPI 2 - Prompt surgery

KPI 3 - NICE compliance

KPI 4 - Promptly out of bed

KPI 5 - Delirium

KPI 6 - Home return

KPI 7 - Medication

Survival At 30 Days

Search: enter a hospital name, address or postcode... ▲

ALL ([ALL])

England ([England])

Northern Ireland ([NI])

Wales ([Wales])

Addenbrooke's Hospital (ADD)

Hills Road, Cambridge, Cambridgeshire, CB2 2QQ

Royal Albert Edward Infirmary (AEI)

Wigan Lane, Wigan, Greater Manchester, WN1 2NN

NHFD overall: 11%

NHFD overall: 89%

4. Promptly out of bed

82%

NHFD overall: 82%

5. Not delirious post-op

67%

NHFD overall: 67%

2. Prompt surgery

57%

NHFD overall: 57%

3. NICE compliant surgery

71%

NHFD overall: 71%

6. Return to original residence

75%

NHFD overall: 75%

7. Bone medication

61%

NHFD overall: 61%

2026, except KPI6 and KPI 7 which are delayed to allow for follow up data to be included.

# Benchmarking

## Regions - 2025

2025 Select up to 8 services/regions or ICS to compare. Enter any part of the service name, address, town/city or postcode...

Compare benchmarks

FLS services

Regions

Integrated care systems

KPI7 Tables

Copy CSV Print

Show  entries

Region	Total FLS submitted records	Rx5 Value*	KPI 2 Non-Spine Case identification	KPI 3 Spine fractures	KPI 4 Assessment within 90 days	KPI 5 DXA within 12 Weeks	KPI 6 Falls risk assessment	KPI 7 Bone treatment	KPI 8 Strength & Balance by 16 weeks	KPI 9 16 week follow up	KPI 10 Treatment by 1st followup	KPI 11 1 year drug adherence*	
1. National averages	National	92364	225422	43	32.8	65.8	41.3	66.2	57.8	7.7	30.9	31.8	25.4
2. England		79899	194308	43.9	29.8	66.1	43.3	77	58.2	7.7	31.4	33.7	25.6
3. Wales		10276	21535	42.3	69.5	70.2	16.2	54.8	58.5	8.2	26.6	21.1	22.5
4. Northern Ireland		2189	9579	25.9	10.8	34.2	54.7	98.5	42.6	1.4	36.5	43.2	33.3
East of England		10795	25790	46.9	21.8	73.2	40.6	82	70.6	24	33.4	36.1	32.3
London		8864	24200	36.6	36.8	61.7	36.9	76.1	53.2	21.2	46.2	34.3	24.9
Midlands		11159	34873	35.8	16.6	67.6	42.6	61.7	70.7	1	15.1	17.2	14.4
North East and Yorkshire		15653	30050	56.1	36.1	50.9	29.9	66.6	45	2.2	10	25.9	29.6
North West		4819	13600	38	25.4	63.8	45.2	83.4	52.9	2.7	24.4	24.3	11.1
South East		15825	38005	43.8	32.9	68.4	55.8	87.6	58.4	6.5	52.7	47.9	30.2
South West		12784	27790	47.8	38.9	78.7	51.8	81.4	57.9	1.3	33.6	41.8	28.8

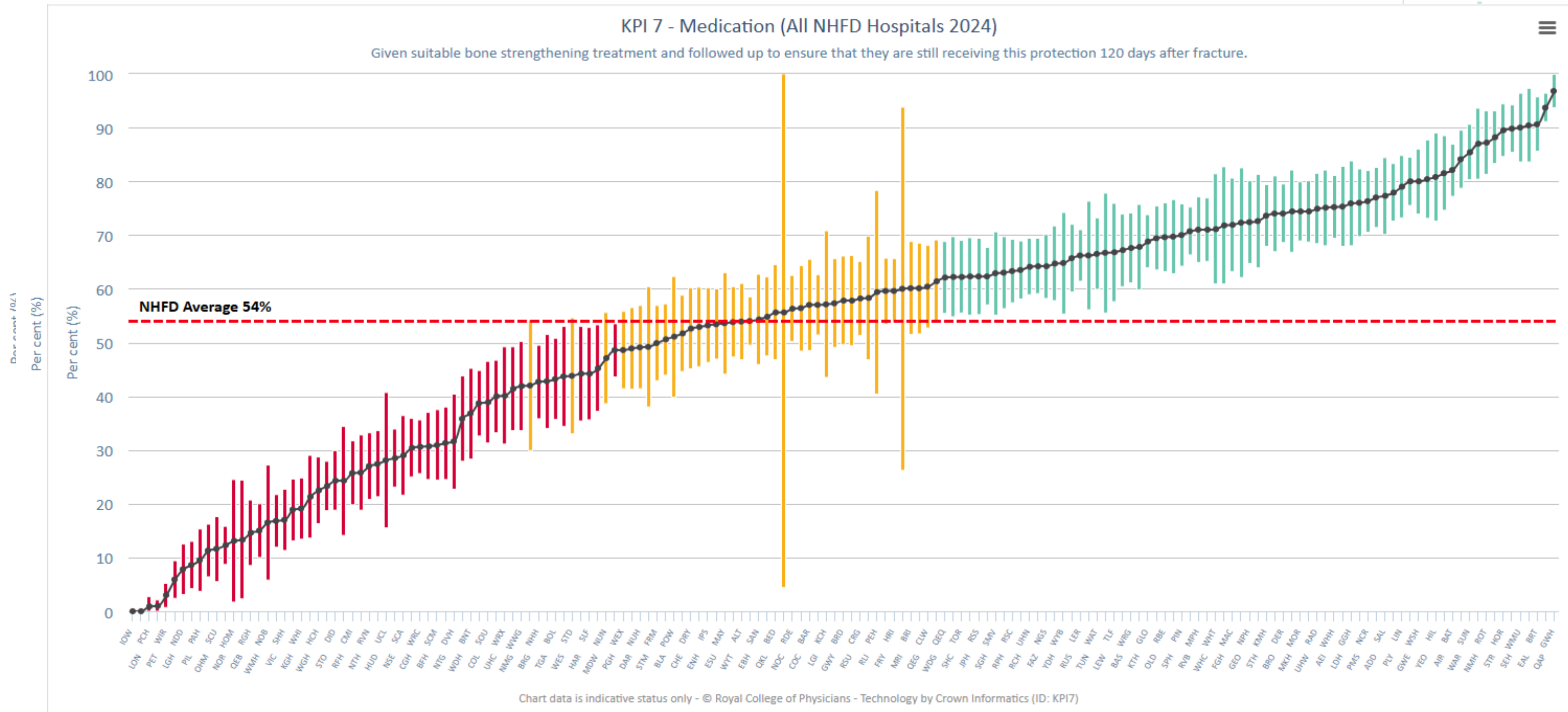


Falls and Fragility Fracture  
Audit Programme (FFFAP)

# Data Driven Improvements in Patient Outcomes

# Improving patient outcomes- Secondary prevention

## The NHFD example

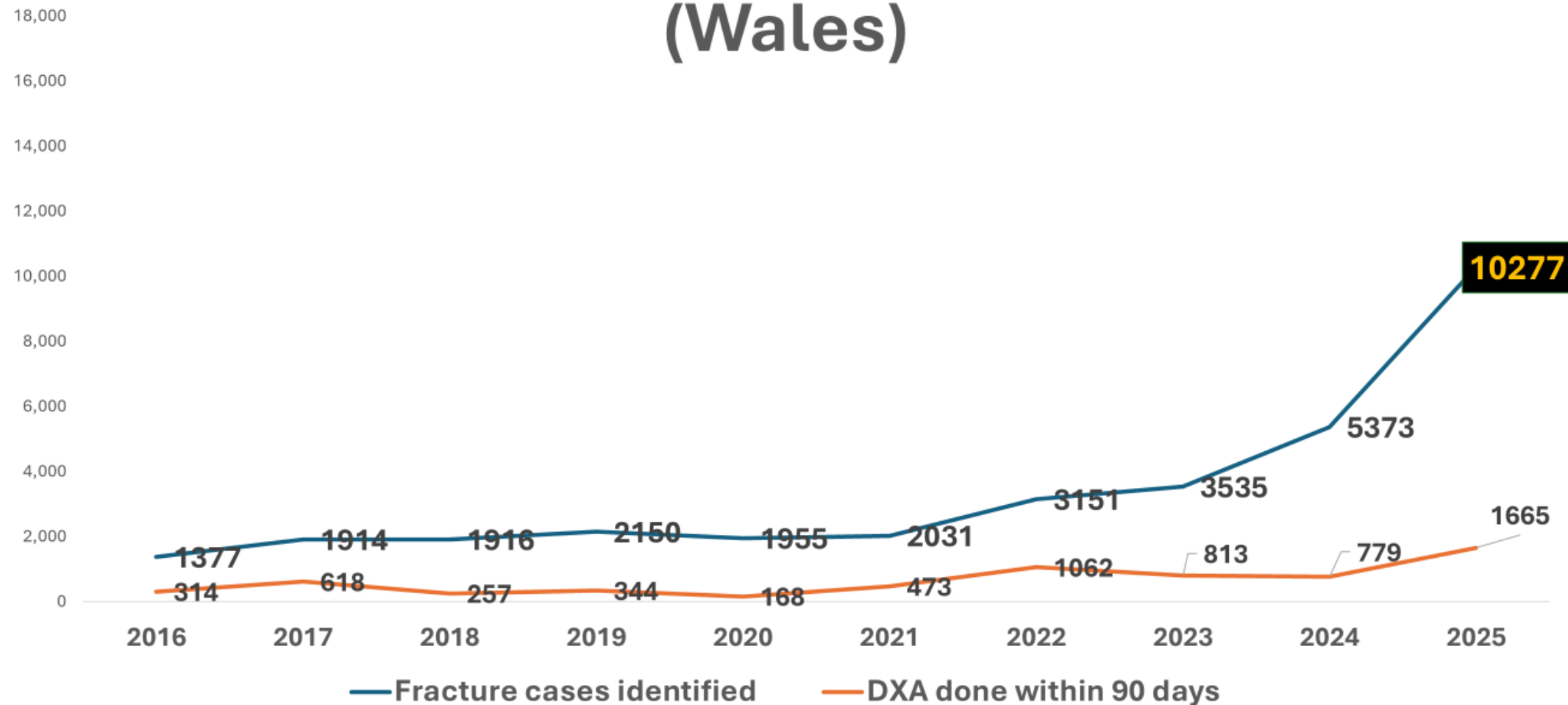


# Improving patient outcomes- Patient identification

## The FLS-DB example



### Fracture Case identification (Wales)



# Improving patient outcomes (Quality & Safety)

## The **NAIF example**- Expansion beyond hip fractures

- NAIF collected data only on hip fractures related to inpatient falls
- Other fall-related injuries were not considered
- Feedback from audit participants and stakeholders suggested inclusion of other falls related injuries
- **NAIF has expanded data collection to include all falls related fractures, head and spinal injuries**

# Supporting Data Driven Improvements

- Knowledge exchange (**webinars, check-ins, clinical and audit resources**)
- Patient resources (information leaflets)
- Quality improvement support (**Improvement repository & workbooks**)
- Research and publication support

Webinar

## FLS-DB 2025 annual report

Friday 21 February | 12.30–1.30pm

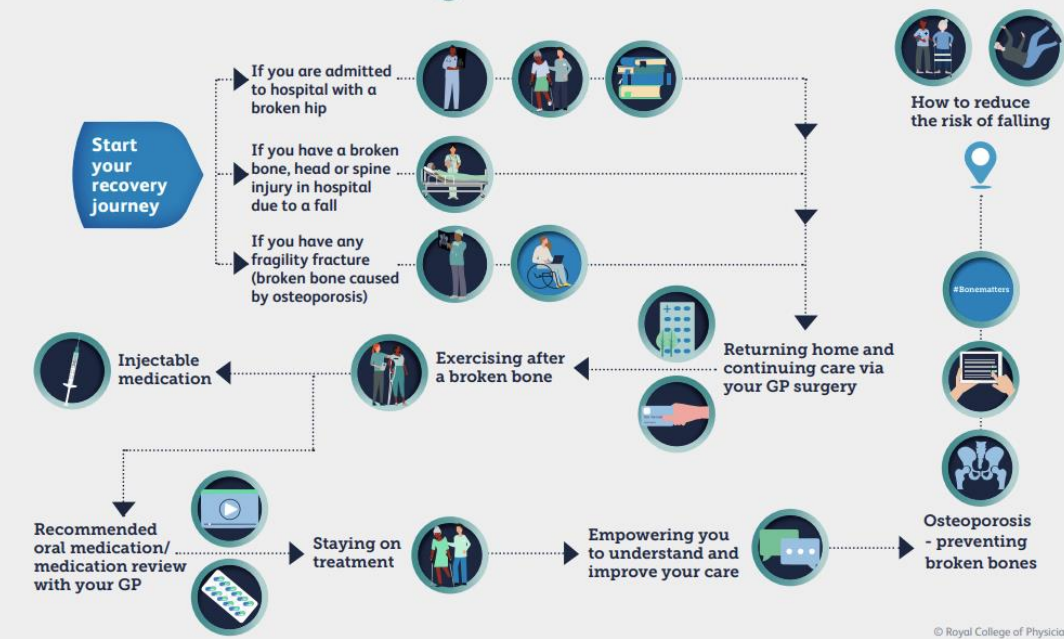
FLS-DB clinical lead **Professor Kassim Javaid** will be sharing the findings and recommendations from the most recent annual report, alongside **Dr Laura Pugh** who will present on the missed opportunities work.

Fracture Liaison Service  
Database (FLS-DB)



## Information for people who have fallen and broken a bone

Click on the circles to view our resources



Falls and Fragility Fracture Audit Programme (FFFAP)

## The FFFAP healthcare improvement workbook





1

## NHFD

- ▶ 30-day survival after hip fracture keeps rising — the death rate has roughly halved since 2007
- ▶ Increased secondary prevention- 61%

2

## FLS-DB

- ▶ Increased detection of fractures
- ▶ Increased detection of spinal (high risk) fractures
- ▶ Bone health assessment within 90 days- improved
- ▶ DXA scan within 12 weeks- improved
- ▶ Monitoring contact 12–16 weeks post-fracture- improved

3

## NAIF

- ▶ Pioneered the MASA ( Multifactorial Assessment to optimise Safe Activity)approach
- ▶ Change in culture from falls prevention to encouraging safe activity

**Driving improvements across our three workstreams**



# FFFAP Impacts

## Patient Benefit

- Hip fractures (NHFD)
- All femoral fractures (NHFD)
- Pelvic ring fracture pilot (NHFD)
- Secondary prevention (NHFD / FLS)
- Fewer hip fractures after inpatient falls (NAIF)
- Pioneering MASA / 4AT scores (NAIF)

## Quality and Safety

- Lesser number of hip fractures after inpatient falls (NAIF)
- Outlier process identifies early negative trends in care (NHFD / FLSDB)

## Equity of Care

- Pelvic ring fracture audit (NHFD)
- Ethnicity data (FLSDB)
- Expansion to include all injuries after inpatient falls (NAIF)

## Wider impact (data use)

- Research (19 publications since 2023)
- GIRFT pathways (NAFF, Vertebral)
- Toolkits for Service improvements (REDUCE study)
- Knowledge exchange
- QI training (Resident Doctors)

THE NHS THREE SHIFTS

# Turning Strategy into Reality: Clinical Audit as a Strategic Enabler of the NHS Three Shifts

Treating sickness to prevention

Analogue to digital

Hospital to Community

# From Sickness to Prevention

Secondary fracture prevention (NHFD, FLSDDB)- Reducing refracture rates

Identification of ALL  
fragility fractures

1

Bone protection  
medications

3

Follow up and  
adherence check

5

2

Assessment

4

Strength and balance

# From Sickness to Prevention – **The Ambition**

## Primary Prevention – Reducing the risk of initial fracture

### Reducing the risk

- ▶ Identifying high risk individuals
- ▶ Bone protection treatment
- ▶ Manage mitigating circumstances

### What needs to happen

- ▶ Unitary care pathway
- ▶ Primary care participation
- ▶ Joined up working across care boundaries
- ▶ Data sharing

# From analogue to digital – **The Ambition**

## 'Bricks to clicks'

- ✓ Single patient record
- ✓ NHS App
- ✓ Tests booked directly
- ✓ Access to and upload health data
- ✓ Patient feedback

## High quality data

- ✓ Better data sharing
- ✓ Precision health
- ✓ Patient facing audit portal
- ✓ PROMs, PREMs

# From Hospital to community – **The FLS-DB** ambition

**99.9%**  
of the time is in the community

## Time in hospital & clinic

- ▶ 4 hours A&E
- ▶ x2 20 minutes Ortho
- ▶ 30 min FLS assessment
- ▶ 20 min FLS monitoring
- ▶ 20 min FLS monitoring
- ▶ 20 min FLS monitoring

**525960 – 370 = 525590** minutes a year

## What are the minimum standards of FLS care you should expect?

Day 1

Date your fracture was diagnosed as a fragility fracture in the NHS.

At 12–14 weeks

You should have been assessed by an FLS and, if necessary, attended a bone density (DXA) scan to measure your bone density.

At 12–16 weeks

If prescribed medication to improve your bone health after a fracture, you should be contacted to ensure you have started taking the medication and have no side effects.

At 12–16 weeks

You should be asked if you have started your strength and balance exercise classes, if you were referred for them.

At 1 year

If prescribed medication to improve your bone health, you should be contacted to ensure you are continuing to take the medication.

At 3 years

Most treatments need to be taken for at least 3 years, and it is important to make sure the treatment suits you.



# Back to the present day.....

- 1 Use existing data from the dashboard
- 2 Identify areas of improvement (KPI)
- 3 Involve patients/carers
- 4 Use improvement methodology

- 5 Seek FFFAP support if needed
- 6 Teamwork
- 7 Deliver change

Acknowledging the support and guidance of our patients and carer panel members, the selfless colleagues in the advisory groups, the programme team members for their dedicated work

# Thank You

<https://www.fffap.org.uk/>

[LinkedIn](#)

[sunil.nedungayil@rcp.ac.uk](mailto:sunil.nedungayil@rcp.ac.uk)

# Advocacy for Clinical Audit, and Aspirations for an Association for Clinical Audit, Registries and Quality Improvement (ACAR-QI)

**Dr Iain Smith**

Associate Director, Association for Clinical Audit,  
Registries and Quality Improvement (ACAR-QI),  
HQIP



# **Association for Clinical Audit, Registries & Quality Improvement (ACAR-QI)**

**Dr Iain Smith PhD, HQIP**

# What are we doing?

- We're building a national home for audit, registry and outcomes data professionals.



# Why are we doing it?

- Clinical audit, registry and outcomes data are essential components of a well-functioning healthcare system.
- There is growing importance and remit for using data in the design, delivery and ongoing improvement of care.



## Our vision

- Provide a national voice and home for the audit, registry and outcomes community
- Raise the profile and impact of this vital quality improvement workforce



# Who is it for?

If you work with data that improves care, this is for you



# Initial direction

## Areas of focus:

- Initial governance establishment
- Engaging the audit and registry community
- Influence and advocacy
- Training and professional development



# Initial governance establishment

- Steering group to support the early shape and development
- Identifying a Chair



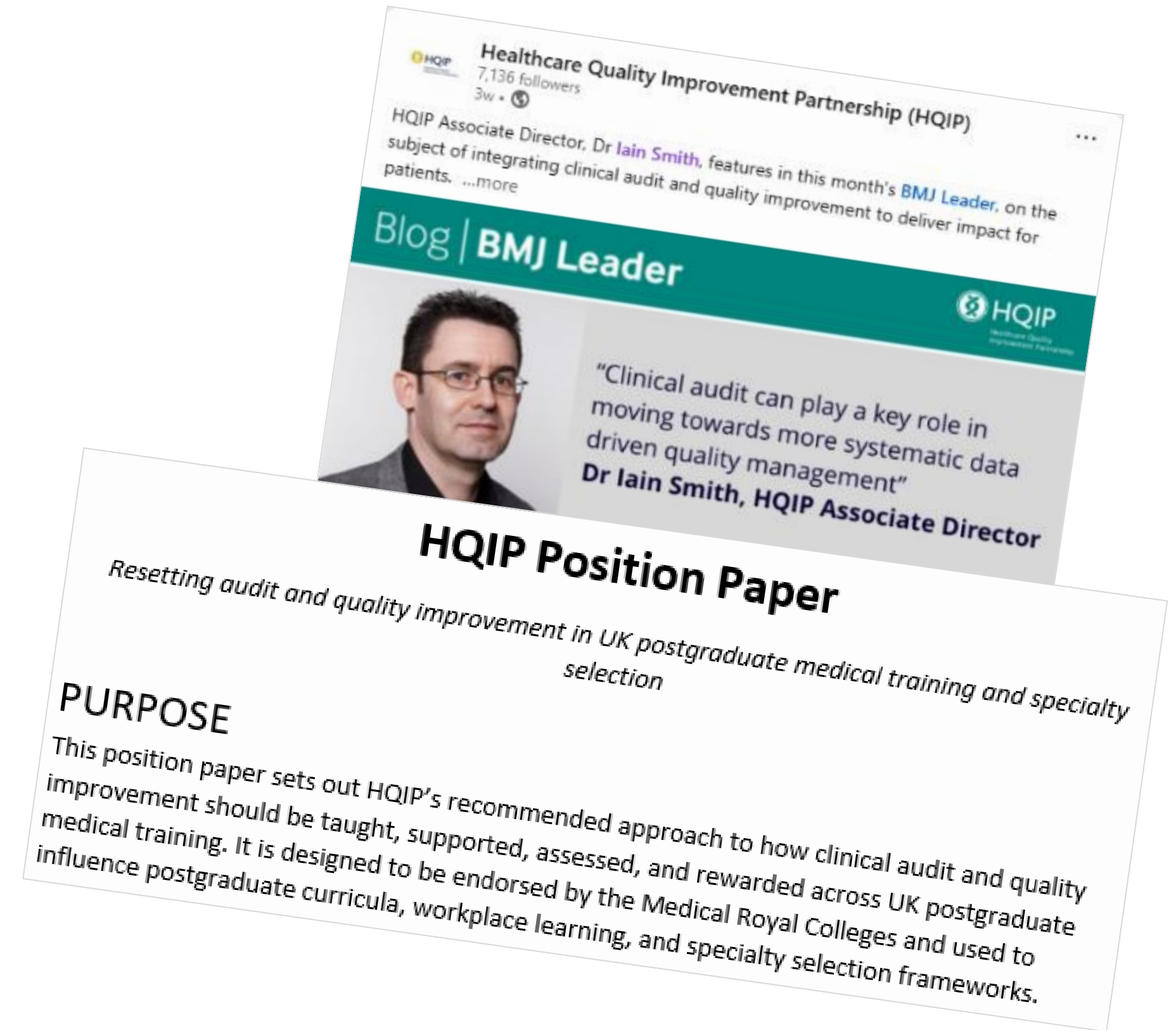
# Engagement

- Established a collaborative workspace
- Opportunity to connect, learn and influence

The screenshot displays the ACAR-QI website interface. At the top right, there are navigation buttons for 'Upload' and 'New Item', along with icons for RSS, a grid, and a menu. The main header features the ACAR-QI logo and the full name of the organization. Below the header, a welcome message is followed by a description of the network's purpose and a 'Read more' link. On the right side, there are three prominent blue buttons: 'Contact Us', 'Discussion Forum', and 'Influence'. At the bottom of the interface, there are three more buttons: 'Connect', 'Learn', and 'Influence'. The footer includes the 'Futures' logo, the ACAR-QI logo, and the full name of the organization.

# Influence and advocacy

- Sector advocacy blogs
- Position statement on resident doctor involvement in clinical audit and QI



<https://bit.ly/BMJLcaqi>

# Learning and CPD

- Equipping professionals with clinical audit and registries skills for improvement
- Supporting learning, growth and capability in the field
- Continuing professional development





# Thank you

Dr Iain Smith PhD, HQIP

# Upcoming Clinical Audit Awareness Week Webinars

## Daily themed webinars:

- Tue 10.30-11.30am & 2-3pm: Patient Involvement & Care Equity
- Wed 10am-12pm: Shaping the Future Together
- Thu 10.30am-12pm: Patient Safety: Using Data to Reduce Harm
- Fri 10am-12pm & 1-3pm: Data-Informed Improvement



Find out more and register here  
- or scan the QR code:

[www.hqip.org.uk/caaw26](http://www.hqip.org.uk/caaw26)

## Daily Excellence in Clinical Audit Awards announcements:

- Mon 12.45-1.30pm: Strategic Impact Award
- Tue 12.15-1pm: Equity and Patient Involvement Award
- Wed 12.45-1.30pm: Innovation Award
- Thu 12.45-1.30pm: Patient Safety Award
- Fri, during the 1-3pm webinar: Evidence in Practice Award

Find lots more on this topic on HQIP's website:

[www.hqip.org.uk/impact-of-data/supporting-strategy-and-delivery](http://www.hqip.org.uk/impact-of-data/supporting-strategy-and-delivery)

# THANK YOU!



**Please share your feedback:**

Go to [www.hqip.org.uk/caaw26-feedback](http://www.hqip.org.uk/caaw26-feedback)

Or scan the QR code

**Keep up to date:**

- Sign up to HQIP's mailing list: [www.hqip.org.uk/subscribe-form/](http://www.hqip.org.uk/subscribe-form/)
- Follow us on social media & use the hashtag #CAAW26

